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04/11/2007

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Theres L. Lucas	(Depositor's name)
	(Signature)
April 19, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.				
10/785,211	02/24/2004	Robert M. Lofthus	A3249Q XERZ 2 00783	8821				
TITLE OF INVENTION: UNIVERSAL FLEXIBLE PLURAL PRINTER TO PLURAL FINISHER SHEET INTEGRATION SYSTEM								

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0 04/24/2097 NI	\$1700 07/11/2007 NGUYEN2 00000023 240037 10785211	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS			
NICHOLSON III,	LESLIE AUGUST	3651	271-185000	01 FC:1501 02 FC:1504	1400.00 DA 300.00 DA	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSI	GNEE	oletion of this form is NO	(B) RESIDENCE: (CITY	and STATE OR COUNT		
Xerox Corporation Stamford, CT Please check the appropriate assignee category or categories (will not be printed on the patent): Individual XXXCorporation or other private group entity Government						
	are submitted: No small entity discount p	permitted)	A check is enclosed. Payment by credit car The Director is hereby	d. Form PTO-2038 is atta	riously paid issue fee shown above) ached. required fee(s), any deficiency, or credit any 0037 (enclose an extra copy of this form).	
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Authorized Signature Typed or printed nam	A Y 01	rry rry		Date April		
		1				

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